



No. <b>W 92820</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 07/11/2012</b>		2. Registered Agent and Office (NOT A P.O. BOX)
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. MCPHERSON FARMS LLC DANIEL MCPHERSON 1488 MIDWAY AVE IDAHO FALLS ID 83406		DANIEL MCPHERSON 5250 E 65TH S IDAHO FALLS ID 83406
<b>REINSTATEMENT FEE DUE: \$30.00</b>			3. New Registered Agent Signature. 
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See instructions.			
Manager or Member	Name	Street or PO Address	City State Country Postal Code
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Daniel McPherson	1407L South	1st East Idaho Falls ID 83406
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of:	6.		
IDAHO W 92820	Signature: 		Date: 7-30-12
	Name (type or print): Daniel McPherson		Title:

Issued 07/30/2012 by CLH

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**